STAT-PA Drug Worksheet:
C-III and C-IV Stimulants and Anti-Obesity Drugs

This worksheet is to be used by pharmacists or dispensing physicians only!
(NOT REQUIRED FOR PRESCRIBING PHYSICIANS)

REMINDER: *The Specialized Transmission Approval Technology — Prior Authorization (STAT-PA) Drug Worksheet is optional. This form is not required, but is provided as a guideline only to access STAT-PA or as provider documentation. The STAT-PA system will ask for the following items in the order listed below:*

Provider Number: _____

Recipient Medicaid Identification Number: _____

Recipient Name: _____

National Drug Code (NDC)/Procedure Code of Product Requested: _____

Type of Service: __D__ Prescriber's Drug Enforcement Administration (DEA) Number: _____

Diagnosis Code: _____ (Use the recipient's *International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] diagnosis code. The decimal is not necessary.)

Place of Service: _____

Date of Service: _____ (The date of service may be up to 31 days in the future, or up to four days in the past.)

Days' Supply Requested: _____

STAT-PA Request Checklist
ALL information must be checked within each category in order to be processed electronically.

A. Enter the recipient's height in inches using a two-digit format. For example, if the recipient's height is 5'10", enter 70.
B. Enter the recipient's weight in pounds using a three-digit format.
1. STAT PA will then calculate the body mass index (BMI) using a formula.
   a. If BMI is > 30, the PA will be approved for a maximum of 186 days.
   b. If BMI is < 30, you will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

As the pharmacist, you have learned of this diagnosis or reason for use when:

    ____   a.   The patient has informed you through patient consultation. In most cases, it is possible to learn the necessary information from the patient.

    ____   b.   The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.

    ____   c.   The physician or personnel in the physician's office informed you by telephone, either now or on a previous occasion.

Assigned Prior Authorization Number:_____

Grant Date:_____ Expiration Date: _____

Number of Days Approved:_____

This is a New Prior Authorization Request:_____

This is a Renewed Prior Authorization Request:_____

Diagnosis Code Description
Choose the most appropriate ICD-9-CM diagnosis. If the diagnosis is not a Food and Drug Administration-approved diagnosis for a particular drug, you must submit the PA request on a paper PA Request Form.